Linds the Panenwork Reduction Act of 1995, no nerse	ons are required to re-	5-03 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE s are required to respond to a collection of information unless if displays a valid OMB control number			
PETITION FOR EXTENSION OF		Docker Docker		tet Number (Optional) 797.90019	
	In re Application	on of Christopher M. Dobso	on		
	Application Nu	umber 09/787,560		Filed 06/04/2001	
	For Fibrils				
	Art Unit	1647	Examiner	C. Nichols	
This is a request under the provisions or reply in the above identified application.		6(a) to extend the period fo	r filing a		
The requested extension and appropriation (check time period desired):		ntity fee are as follows			
One month (37 CFR 1.17(a)(1))			\$	
Two months (37 CFR 1.17(a)(2))				\$	
✓ Three months (37 CFR 1.17(a)(3))				\$ 950.00	
				\$ \$	
☐ Four months (37 CFR 1.17(a)(4))				\$	
☐ Five months (37 CFR 1.17(a)(5))					
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$\frac{475.00}{2}.					
A check in the amount of the fee is enclosed.					
Payment by credit card. Form PTO-2038 is attached.					
The Commissioner has already been authorized to charge fees in this					
application to a Deposit Account.					
The Commissioner is hereby authorized to charge any fees which may be required,					
or credit any overpayment, to Deposit Account Number <u>17-0055</u> . I have enclosed a duplicate copy of this sheet.					
I am the applicant/inventor	or and onco.				
• •	he entire intere	est. See 37 CFR 3.71.			
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
attorney or agent of record.					
attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a)					
WADNING, Information on this f	b	ma muhlia. Cradit sard in	•	a abauld mat	
WARNING: Information on this fo be included on this form. Provid					
January 13, 2004					
Date		Signa	iture /		
414-277-5715		Carl R. Schwartz	1		
Telephone Number		Typed or pr	inted nam	e	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
✓ Total of1forms are submitt	ed.				
	·				

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case.